FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed elect	ronically.		The second	
COMMITTEE NAME (Must be same as on Statement of	f Organization)	<u> </u>		
Mosuman for School 7	Board		ORM	
IMPORTANT: Indicate by # type of committee you are reportin (1) Statewide/Legislative/Judge Standing for Retention Candid (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) \$ 11) Local Ballot Issue	g for: State PAC (3) State Party Candidate (2) State PAC (3) State Party	(Rev	0.12/2009) REPORT	
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (If applicable)	Scan	nned SW	- -
Office Sought	District (If Senate or House)	Audit	ted	-
ate reports are subject to possible civil and criminal penalitic andidate's committee, and the chairperson, for any other type the committee of person filing report	es. Pursuant to Iowa Code sections 688.32A(7) pe of committee, is the individual responsible of	7) and 68A.4 for filing time	201(3), the candidate, for a ely and accurate reports.	
AM FILING A	REPORT FOR (1) ELECTION /	(2)NON-EL	ECTION YEAR.	
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		ocal Commij	ittees, enter Date of Election	\neg
Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	otics of Dissolution Form DR-3.	County & Lection	al Confinitees, enter County in in held	
STATEMENT OF CASH ON	HAND			
CASH ON HAND at the beginning of the reporting perio committee. This amount MUST be the same a of the last reporting period or must be zero if the same to the sam	es the cash on hand at the and	\$	-0-	
ADD TOTAL MONEY TAKEN IN THIS PERIC	OD .			
Schedule A: Cash Contributions total (Attach			1951.39	
Schedule F: Loans Received total (Attach Sci				
Schedule H: Total Sales of Campaign Proper	ty (Attach Schedule H),			
(Schedule H applies to Candidates	<u>'Committees Only)</u> SUB-TOTAL	\$	1951.39	
SUBTRACT TOTAL MONEY SPENT THIS PI Schedule B: Expenditures total (Attach Schedule F: Loan Repayments total (Attach S	dule B) (**aiso see debts and loans below)		1961.39	
CASH ON HAND at the end of this reporting period (if fi	inal report balance must be zero)	\$	-0-	
**UNPAID BILLS (From Schedule D - Attach Schedule			-0-	
*IN KIND CONTRIBUTIONS (From Schedule E - Attack			521.46	
**OUTSTANDING LOANS (From Schedule F - Attach S				
CONSULTANT BREAKDOWN (Schedule G Attached?			YESNO	
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule	H - Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign		h year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be s	ame as on Stater	nent of Organization)	
Mosiman for	School	Board	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
म/छ ॥	ID# CK#	Kumberly + Jeff Mosuman 294 Dave Cir., Ames, 1A 50010	self spouse	\$ 50.	
व्यक्ति।।	CK#	Jessica Howerton 2004 Harrison, Ames, la 50010		50.	
01/20/11	ID# CK#	Grego & Sherri Bray 3004 Harrison, Ames, 1A 50010		250.	~
67/25/11	ID# CK#	Paul & Linda Livingston 3108 Rokboro, Ames, 1A 50010		150,	
07/25/11	ID# CK#	Jan & Mary Mosuman 3127 Pleasant View Rd. Ames IA	in-law	50.	
07/20/11	ID#	Dave & Karen Jamison 3308 Cameron School Rd. Ames, IA		50,	V
11 60 80	ID# CK#	Brian + Maureen Maloy 5609 Thunder 12d. Ames, 125014		25.	
08/02/11	ID# CK#	Wm. Burke Jr. P.O. Box 209, Nevada, IA 50201		100.	W
08/03/11	ID# CK#	Philip of Sandra Johnson 1413 Edgewater Ct. Ames. 1A 50014		30.	~
08/07/11	ID# CK#	Emily Hampton 4026 Edgewater Dr. 145001		100,	V
			SUB-TOTAL	\$865.00	

TOTAL (If last page of this schedule)

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (M	ust be se	me as on Staten	nent of Organization)	
Mosiman	foc	School	Board	
MIDSHIDON	10.			

5152920377

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
08/07/11	ID# CK#	Heather Currans 315 Stockbury, Ames, 1A 50010		* 20 .	V
08/07/11	ID# CK#	Gary & Debra Long 3902 Carey Ln., Ames, 1A 50014		100.	
11 170/80	ID# CK#	Terry & Marcia Dezonia 4021 Esenhower, Ames, IA 50014		75,	<u></u>
08/07/11	ID# CK#	Richard Beste 2530 Horth Dakota, Ames, IA		50.	V
08/07/11	ID# CK#	Kyle & Katie Upungberg 3004 Sedwick, Ames, 1A 50010		20	V
08/10/11	ID# CK#	Sandy & JUSSE GOFF 3359 StageLoach Rd., AMES. 1A 50010		50.	V
osliolii	ID# CK#	wayne of Diane Ament 5715 Atta Vista, Ames. 1A 50014		75.	V
08/11/11	1D# CK#	Donna Moorman 5800 Atta Vista, Ames, 14 50014	mother	50.	V
oslulu	ID# CK#	Bessie Janda 5800 Alta Vista, Ames, 1A 50014	grand- mother	50.	V
08 14 11	ID# CK#	Jim Quarnstrom 5001 Skycrest, Ames, 1A 50010		100.	V
		34716	SUB-TOTAL	s 620.	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

5152920377

(Incidding Canadara a Farance			
COMMITTEE NAME (Must be se	me as on Statemer	nt of Organization)	
MOSUM AN FOR	· School	BOUVA	
111000		── ──── FROM A STATE PAC	POLITICAL ACTI

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE" (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
08/15/11	ID# CK#	John & Cally Jennett 4315 Sun Lake Cir. Ames, 1A		\$ 100.	<u> </u>
11/45/80	ID# CK#	mark & margaret Gannon 3013 Stage Loach Rd., Ames, 1A		25.	V
11/50/80	ID# CK#	RICH Johanson 2128 Quail Blage, Ames, 1A 50014	ļ	50.	V
08/25/11	ID# CK#	Dave & Chenyl temple 5287 O'Neil Dr., Ames. 12 50010		100.	V
08/p5/11	ID# CK#	George & Shirley McGuire 3366 Harrison Rd., Ames, JA 50010		45,	
09/01/11	ID#	Kevin & Patti Kumle 2525 North Dakotzi, Ames, IA Sooiz		50.	V
09/07/11	ID# CK#	Doug & Betsy white BODI Sedwick, Ames, IA 50010		50.	V
व्याष्ट्रा	ID# CK#	Kumberry + Jeff Mosuman 294 Dave Cir., Ames. 1A 50010	self spouse	56 39	
	ID#				
	ID#				
	O W		SUB-TOTAL	s416.3	9

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXECUTION OF

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

SCHEDULE

В

(Rev. 07/03)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTÉES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

MOSIMAN FOR SCHOOL BOARD

MOSIMI	an for	School Board		AMOUNT
DATE XPENDED 4M/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
7/26/11	NUMBER ID# CK#	Exchange State Bank 823 Wheeler Ste. 32 Ames. 1A 50010	checks for account	\$7.48
1 26/11	ID# CK# (00 (Alpha Copies asio Lincoln Way se lol Ames, la 50010	481 CEC. 16 J	1538.63
% ०७ ।।	ID# CK# (CO)2	Story County Auditor 900 4th St. Nevada, IA 50201	list of district voters on CD	\$10.00
08/23/11	ID# CK# (02-6	Chase Signs 1325 XB Pl. AMES, IA 50014	campaign yard signs.	\$1214, 38
8 05 11	ID# CK# \003	Sherri Gray 3004 Harrison Ames, 12 50010	reinburse for Alpha Copies (invites, envelopes) and postase.	\$162.90
09/08/11	ID# CK#	Exchange State Bank 823 Wheeler Ste. 32 Ames, 1A 50010	bank fees	\$18.00
	ID# CK#			
 	ID#			
	CK#			
			SUB-TOTA	L \$ 1951, 3°

TOTAL (if last page of this schedule)

\$ 1951.39

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A,402(3)(i).)

Page	of_	l

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be some as on Statement of Organization)	
COMMITTEE NAME (Must be some as on Statement of Organization) MOSIMAN FOV SCHOOL BOAVA	
MUSIMANIA	

	(Rev. 06/97) CONTRIBUTIONS
-1-1/2/01/10/5	CHECK THIS BOX IF AMENDING FORM

SCHEDULE

E

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION		√ IF FOR FUND-RAISER CONTRIBUTION
(MMDDYR)	Num Mosuman 294 Dave Circle, Ames IA	zuf	plywood, paint for yard signs	50.	
08/15/11	Marcia Dezania		envelopes, postage	35.64	
11 10 80	Kim Mosiman	self	food for fundraise/	259.82	V
08/20/11	kun Mosuman	self	postage for mailings	176.00	
	Ames, IA 50010				
SUR-TOTAL				621.4	6
TOTAL (if last page of this				6	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (reletives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of of (for Schedule E)

schedule)